THE	LŬTHE	RAN H	OME,	INC.
7500	WEST	NORT	H AV	ENUE
****	TA TO CO A			

	Ownershi p:	Nonprofit Church/Corporation
365	Highest Level License:	Skilled
No	Operate in Conjunction with CBRF?	No
282	Title 18 (Medicare) Certified?	Yes
313	Title 19 (Medicaid) Certified?	Yes
271	Average Daily Census:	292
	365 No 282 313	365 Highest Level License: No Operate in Conjunction with CBRF? 282 Title 18 (Medicare) Certified? 313 Title 19 (Medicaid) Certified?

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	23. 6
Supp. Home Care-Personal Care	No					1 - 4 Years	52. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	24. 4
Day Servi ces	No	Mental Illness (Org./Psy)	12. 5	65 - 74	4. 4		
Respite Care	No	Mental Illness (Other)	1.5	75 - 84	25.8		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	55. 4	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	2. 2	95 & 0ver	14.4	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	2. 2	ĺ	[Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	8. 9		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	24. 0	65 & 0ver	100. 0		
Transportati on	No	Cerebrovascul ar	13. 7	[']		RNs	15. 3
Referral Service	No	Di abetes	2. 6	Sex	%	LPNs	12. 7
Other Services	No	Respi ratory	3. 0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	29. 5	Male	19. 2	Ai des, & Orderlies	42. 9
Mentally Ill	No			Female	80.8		
Provi de Day Programming for	j		100. 0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	4	2. 3	130	0	0. 0	0	3	3. 5	192	0	0. 0	0	0	0.0	0	7	2. 6
Skilled Care	9	100.0	305	124	70. 5	111	0	0.0	0	47	54. 7	181	0	0.0	0	0	0.0	0	180	66 . 4
Intermediate				48	27. 3	91	0	0.0	0	36	41.9	163	0	0.0	0	0	0.0	0	84	31. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		176	100.0		0	0.0		86	100.0		0	0.0		0	0.0		271	100. 0

THE LUTHERAN HOME, INC.

**********	*****	********	******	*****	******	*********	******
Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi t	i ons, Servi ces,	and Activities as of 12/	′31/01
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	22 . 0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 7		69. 7	29. 5	271
Other Nursing Homes	5. 1	Dressi ng	10. 3		66. 8	22. 9	271
Acute Care Hospitals	67.8	Transferring	27. 3		52. 8	19. 9	271
Psych. HospMR/DD Facilities	0.0	Toilet Use	21. 4		49. 8	28. 8	271
Reĥabilitation Hospitals	0.6	Eating	50. 2		40. 6	9. 2	271
Other Locations	4. 5	*************	******	*****	******	*********	******
Total Number of Admissions	177	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	4.4		espiratory Care	2. 2
Private Home/No Home Health	12. 4	Occ/Freq. Incontinent	of Bladder	57. 6	Recei vi ng T	racheostomy Care	0.0
Private Home/With Home Health	15.8	Occ/Freq. Incontinent	of Bowel	36. 2	Receiving S		0. 0
Other Nursing Homes	2.4	<u> </u>			Receiving 0	stomy Care	2. 6
Acute Care Hospitals	8. 6	Mobility			Recei vi ng T	'ube Feedi ng	2. 2
Psych. HospMR/DD Facilities	1.0	Physically Restrained		0.0	Receiving M	Æchanically Altered Diets	24. 0
Rehabilitation Hospitals	0.0				•	•	
Other Locations	8.6	Skin Care			Other Residen	nt Characteristics	
Deaths	51. 2	With Pressure Sores		5. 2	Have Advanc	e Directives	98. 5
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	209	ĺ			Receiving P	sychoactive Drugs	42. 1
•		•			Ö	-	

Ownershi p: Bed Size: Li censure: 200+ Skilled Al l Thi s Nonprofit Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 93.3 88. 9 1.05 80. 2 1. 16 82.7 1.13 84. 6 1. 10 Current Residents from In-County 81.5 88. 1 0.93 83. 3 0.98 **85**. 3 0.96 77. 0 1.06 Admissions from In-County, Still Residing 28.8 22.9 1. 26 27.4 1.05 21. 2 1.36 20.8 1.38 60.6 Admissions/Average Daily Census 129.6 0.47 94. 3 0.64 148. 4 0.41 128. 9 0.47 Discharges/Average Daily Census 71.6 133.7 0.54 98. 8 0.72 150. 4 130.0 0.55 0.48 Discharges To Private Residence/Average Daily Census 20. 2 47.6 0.42 31.6 0.64 **58.** 0 0.35 52. 8 0.38 Residents Receiving Skilled Care 69.0 90. 5 0.76 89. 7 0.77 91.7 0.75 85.3 0.81 Residents Aged 65 and Older 100 97.0 1.03 90. 1 91.6 87. 5 1. 14 1. 11 1.09 Title 19 (Medicaid) Funded Residents 64.9 **56.** 0 1. 16 71.6 0.91 64. 4 68. 7 1.01 0.95 Private Pay Funded Residents 35. 1 23.8 22.0 31. 7 0.90 19. 1 1.66 1.33 1.44 Developmentally Disabled Residents 0.0 0. 5 0.00 0.8 0.00 0. 9 0.00 7. 6 0.00 Mentally Ill Residents 14.0 30. 9 0.45 35. 4 0.40 32. 2 0.44 33. 8 0.41 General Medical Service Residents 29. 5 27.3 1.08 20.3 1.46 23. 2 1.27 19. 4 1. 52 49.3 Impaired ADL (Mean) 50. 2 50.3 1.00 51.8 0.97 51.3 0.98 1.02 Psychological Problems 42. 1 52. 4 0.80 47.7 0.88 50. 5 0.83 51. 9 0.81 Nursing Care Required (Mean) 4. 5 7. 2 7. 1 0.64 7. 3 0. 62 0.63 7. 3 0.62